City of Albuquerque Biweekly Insurance Rates FY2019 July 1, 2018 - June 30, 2019

Medical Insurance	Employee pays 20% City pays 80%		
Presbyterian My Care Health Plan			
	Employee*	City	Total
Single	44.41	177.63	222.04
Couple	90.35	361.42	451.77
S/Parent	71.33	285.33	356.66
Family	130.40	521.59	651.99

Vision Insurance	Employee pa	ys 20% Cit	y pays 80%
VSP			
	Employee*	City	Total
Single	0.44	1.76	2.20
Couple	0.88	3.52	4.40
S/Parent	0.94	3.77	4.71
Family	1.53	6.13	7.66

Short-Term Disability	nsurance	Em	ployee Paid
Hartford	Weekly Bene	fit = 60% ba	ase salary
Age	Rate per \$10	of Weekly	Benefit
	Monthly Rate	BW Rate*	
<25	0.451	0.2082	
25-29	0.384	0.1772	
30-34	0.421	0.1943	
35-39	0.337	0.1555	
40-44	0.321	0.1482	
45-49	0.359	0.1657	
50-54	0.450	0.2077	
55-59	0.538	0.2483	
60-64	0.625	0.2885	
65+	0.687	0.3171	

Long-Term Disability I	nsurance	Fm	ployee Paid
Hartford	Monthly Benefit = 60% base salar		
Age	Rate per \$10	0 of BW Sa	lary
	Monthly Rate BW Rate*		
<30	0.218	0.1006	
30-39	0.338	0.1560	
40-44	0.446	0.2058	
45-49	0.641	0.2958	
50-54	0.835	0.3854	
55-59	0.997	0.4602	
60+	1.030	0.4754	

^{*} Biweekly = monthly times 12 divided by 26

Dental Insurance	Employee pays 20% City pays 80%		
Delta Dental			
	Employee*	City	Total
Single	2.92	11.68	14.60
Couple	5.91	23.62	29.53
S/Parent	6.49	25.95	32.44
Family	8.78	35.14	43.92

Legal Insurance		Employee Paid
Arag Legal	Employee*	
Single	8.63	
Employee +1	10.75	
Family	11.03	

Basic Life and AD&D			
Hartford (100% Paid by City \$.315 per \$1,000)			
Amount of coverage is 140% of gross annual salary			
Minumum Maximum			
\$25,000		\$50,000	

Voluntary Term Life			Employee Paid	
Hartford Biweekly Rates Per \$1,000				
Age	Smoker	Non Smok	er	
<30	0.0443	0.0215		
30-34	0.0550	0.0275		
35-39	0.0882	0.0443		
40-44	0.1218	0.0658		
45-49	0.2258	0.1271		
50-54	0.3381	0.1880		
55-59	0.4925	0.2709		
60-64	0.6248	0.3486		
65-69	0.9230	0.5198		
70-74	1.7577	0.9786		
75+	2.7290	1.5194		
*Spouse age limit is 75	5			
Hartford Dependent Ch	nild Term Life			
Coverage	Rate			
\$2,500	0.24			
\$5,000	0.48			
\$7,500	0.72			
\$10,000	0.96			

Flexible Spending Account		
BASIC (medical, dependent care, p.		arking or transit fee)
\$4.30	City Paid Mor	nthly Flex and Debit Card
\$3.25	City Paid Mor	nthly Parking Transit